

Lincoln Police Department  
Thomas K. Casady, Chief of Police  
575 South 10th Street  
Lincoln, Nebraska 68508

402-441-7204  
fax: 402-441-8492



MAYOR CHRIS BEUTLER

lincoln.ne.gov

June 10, 2008

Mayor Beutler and City Council  
City of Lincoln  
City County Building  
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Hummerz Bar & Grill, 501 west 'A' Street requesting a class I liquor license.

Luis Garay, owner has requested that he be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Luis Garay was born in Lincoln, Nebraska. He attended Lincoln Southeast High School graduating in 1989.

Luis Garay employment history is as follows:

2007 - Present	VP, Haltom Management	Lincoln, NE.
2007	Sales Rep, Windstream	Lincoln, NE.
1997 - 1999	Gulf Coast Workstation	Clearwater, FL.

Stockholder information has been included for your review.

Mr. Garay is signed up to complete the required managers training on July 10, 2008.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency



# APPLICATION FOR LIQUOR LICENSE

301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: www.lcc.ne.gov/



## CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES. CHECK DESIRED CLASS(S)

### RETAIL LICENSE(S)

- |                                     |   |   |         |
|-------------------------------------|---|---|---------|
| <input type="checkbox"/>            | A | BEER, ON SALE ONLY                            |         |
| <input type="checkbox"/>            | B | BEER, OFF SALE ONLY                           | \$45.00 |
| <input type="checkbox"/>            | C | BEER, WINE & DISTILLED SPIRITS, ON & OFF SALE | \$45.00 |
| <input type="checkbox"/>            | D | BEER, WINE & DISTILLED SPIRITS, OFF SALE ONLY | \$45.00 |
| <input checked="" type="checkbox"/> | I | BEER, WINE & DISTILLED SPIRITS, ON SALE ONLY  | \$45.00 |

Class K Catering license may be added to any of these classes with the filing of the appropriate form and fee of \$100.00

### MISCELLANEOUS

- |                          |   |                          |                        |                       |
|--------------------------|---|--------------------------|------------------------|-----------------------|
| <input type="checkbox"/> | L | Craft Brewery (Brew Pub) | \$295.00               | \$1,000 minimum bond  |
| <input type="checkbox"/> | O | Boat                     | \$ 95.00               |                       |
| <input type="checkbox"/> | V | Manufacturer             | \$ 45.00(+license fee) | \$10,000 minimum bond |
| <input type="checkbox"/> | W | Wholesale Beer           | \$545.00               | \$5,000 minimum bond  |
| <input type="checkbox"/> | X | Wholesale Liquor         | \$795.00               | \$5,000 minimum bond  |
| <input type="checkbox"/> | Y | Farm Winery              | \$295.00               | \$1,000 minimum bond  |
| <input type="checkbox"/> | Z | Micro Distillery         | \$295.00               | \$1,000 minimum bond  |

All Class C licenses expire October 31<sup>st</sup>

All other licenses expire April 30<sup>th</sup>

Catering expire same as underlying retail license

## TYPE OF APPLICATION BEING APPLIED FOR (CHECK ONE)

- |                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/>            | Individual License (requires insert form 1)       |
| <input type="checkbox"/>            | Partnership License (requires insert form 2)      |
| <input checked="" type="checkbox"/> | Corporate License (requires insert form 3a & 3c)  |
| <input type="checkbox"/>            | Limited Liability Company (requires form 3b & 3c) |

## NAME OF PERSON OR FIRM ASSISTING WITH APPLICATION

(commission will call this person with any questions we may have on this application)

Name Brent Nicholls

Phone number: 402.502.0600

Firm Name Kasaby & Nicholls, LLC

**PREMISE INFORMATION**

Trade Name (doing business as) Hummerz Bar & Grill, Inc.

Street Address #1 501 West A Suite 103

Street Address #2 \_\_\_\_\_

City Lincoln

County Lancaster

Zip Code 68528

Premise Telephone number 402-890-3777

Is this location inside the city/village corporate limits:



YES



NO

Mail address (where you want receipt of mail from the commission)

Name Brent W. Nicholls

Street Address

#1 The Empire State Bldg. 300 S 19<sup>th</sup> St. Ste. 300

Street Address

#2 \_\_\_\_\_

City Omaha

County NE

Zip Code 68102

**DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED**

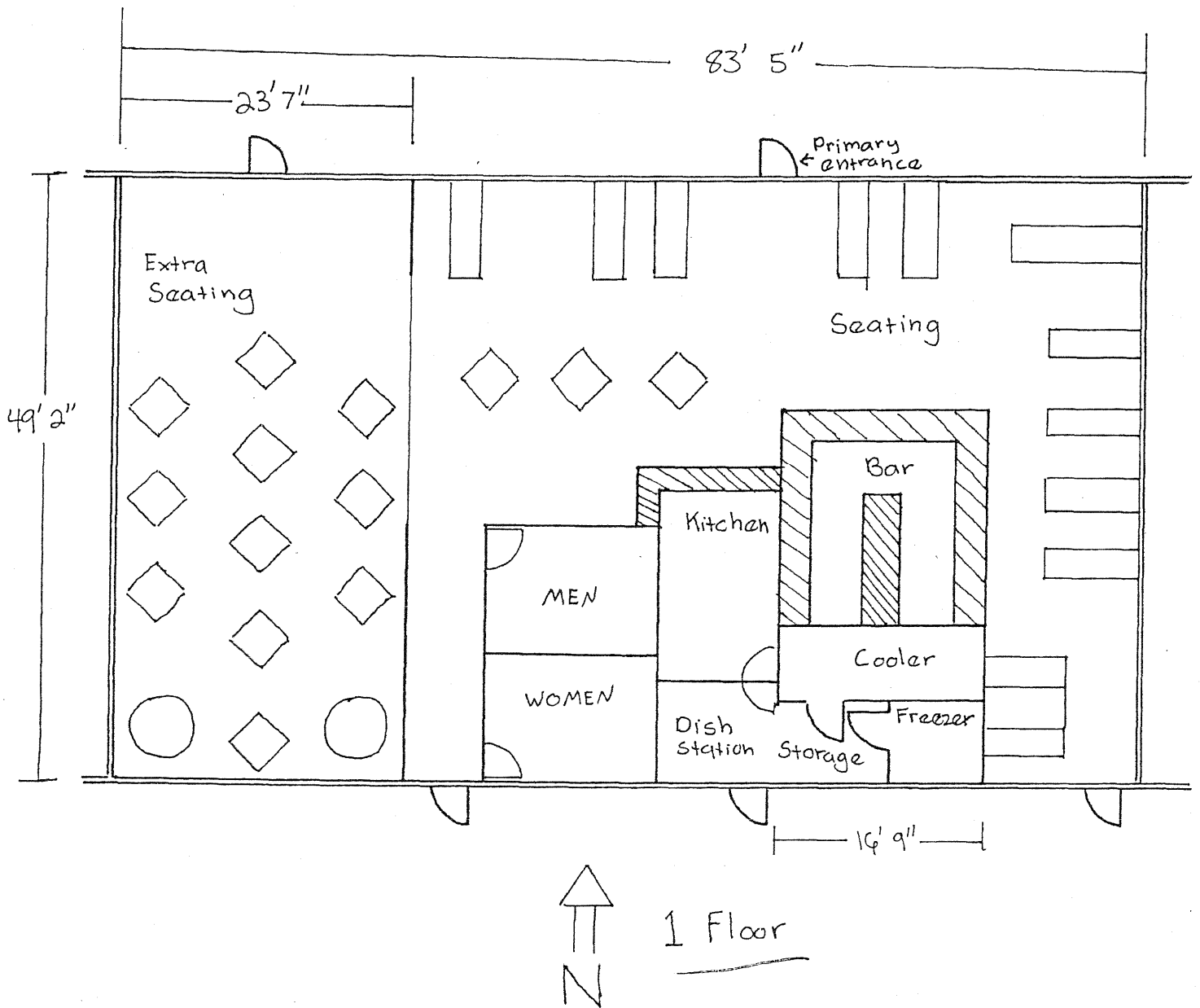
In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations. No blue prints please. Be sure to indicate the direction north and number of floors of the building.

see attachment

Empire State Bldg. 300 S 19<sup>th</sup> St. Ste. 300

40' x 34'

No Basement



## APPLICANT INFORMATION

### READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☒ YES ☐ NO

If yes, please explain below or attach a separate page. John Haltom:

Aug. 2000 - Sale of obscenity to a minor Midvale, Utah (Salt Lake County)  
An employee at one of Mr. Haltom's stores sold sexually explicit material to a minor

Aug. 2007, Lincoln, NE - DWI

Feb 2000, NE - distribution of obscene material

1998 St Louis - DWI

Mr. Haltom has signed Spousal Affidavit of Non-participation see attachment

2. Are you buying the business and/or assets of a licensee?

☐ YES ☒ NO

If yes, give name of business and license number

a) Submit a copy of the sales agreement including a list of the furniture, fixtures and equipment.

b) Include a list of alcohol being purchased, list the name brand, container size and how many?

3. Are you filing a temporary agency agreement whereby current licensee allows you to operate on their license?

☐ YES ☒ NO

If yes, attach temporary agency agreement form and signature card from the bank.

**This agreement is not effective until you receive your three (3) digit ID number from the Commission.**

4. Are you borrowing any money from any source to establish and/or operate the business?

☒ YES ☐ NO

If yes, list the lender

Haltom Management

5. Will any person or entity other than applicant be entitled to a share of the profits of this business?

☐ YES ☒ NO

If yes, explain. All involved persons must be disclosed on application.

6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others?

☐ YES ☒ NO

If yes, list such items and the owner.

7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business?

☐ YES ☒ NO

If yes, explain.

No silent partners

8. Are you premises to be licensed within 150 feet of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 feet of a college or university campus?

☐ YES ☒ NO

If yes, list the name of such institution and where it is located in relation to the premises (Neb. Rev. Stat. 53-177)

9. Is anyone listed on this application a law enforcement officer?

☐ YES ☒ NO

If yes, list the person, the law enforcement agency involved and the person's exact duties

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the individual(s) who will be authorized to write checks and/or withdrawals on accounts at the institution.

Hastings State Bank 5849 Fremont St PO BOX 29379 Lincoln, NE  
Luis Garay, Brisa Haltom 68529

11. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reason for termination of any license(s) previously held.

None

12. List the person who will be the on site supervisor of the business and the estimated number of hours per week such person or manager will be on the premises supervising operations. Willa Garay 25 Hr per week

13. List the training and/or experience (when and where) of the person lists in #12 above in connection with selling and/or serving alcoholic

beverages. 1996-1997 worked at BW-3s and Bar & Grill (2 yrs) 2000-2001 worked at Lazlo's (6 mos)  
P St. Lincoln, NE 710 P St. Lincoln, NE

14. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.

☒ Lease: expiration date September 30, 2011 with two 5 year renewal options

☐ Deed

☐ Purchase Agreement

15. When do you intend to open for business? Upon Approval of Application

16. What will be the main nature of business? Bar and Grill

17. What are the anticipated hours of operation? 11 am - 1 am

18. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses. If necessary attach a separate sheet.

RESIDENCES FOR THE PAST 10 YEARS. APPLICANT AND SPOUSE MUST COMPLETE					
APPLICANT: CITY & STATE		YEAR FROM TO		SPOUSE: CITY & STATE	
Luis Garay <u>see attachment</u>				Willa D. Garay	
Brisa Haltom				John Haltom	

Principle Residences for the past 10 years

Brisa Haltom	Year
5651 NW 14 <sup>th</sup> St. Lincoln, NE 68521	Feb. 2007 - current
Nicolas Bravo #151, Col. Independencia, cp. 48310, Puerto Vallarta, Jalisco	1995 - Jan. 2007

John Haltom	Year
5651 NW 14 <sup>th</sup> St. Lincoln, NE 68521	Feb. 2007 - current
6885 S State St. Midvale, UT 84047	2001-2007
Poppelton Way, Omaha, NE	2000-2001
N Hollywood, CA	1999
St Charles, MO	1998
5502 Kerth Rd St. St. Louis, MO	1998

Luis Garay	Year
2416 T street Lincoln, NE 68503	Feb. 2007 - current
1522 D Street Lincoln, NE 68502	Oct. 2005 - Jan 2007
1844 F Street Apt 11 Lincoln, NE 68504	Oct 2004 - Sept 2005
22 <sup>nd</sup> & Garfield Lincoln, NE	Apr 2004 - Sept 2004
Arapahoe & SW 12 <sup>th</sup> St. Lincoln, NE 68542	Mar 2003 - Mar 2004
18 <sup>th</sup> & G Lincoln, NE	Feb 2003 - Apr 2003
2388 Varsity Drive 33765	Mar 2003 - Nov 2002
4441 Ponca Ave, Toluca Lake, CA	Sept 2001 - Sept 2002
Greenhill Drive, Clearwater, FL	1998 - 2001

Willa Garay	Year
2416 T St, Lincoln, NE 68503	Feb. 2007 - current
1522 D Lincoln, NE 68502	Aug. 2006 - Jan. 2007
1435 D St. Apt. 10 Lincoln, NE 68502	Aug. 2005 - July 2006
1232 B St. Apt. 4 Lincoln, NE 68502	Aug. 2002 - July 2005
2108 Sandstone Rd Lincoln, NE 68512	May 2001 - Sept. 2002
1600 C St. Apt. 6 Lincoln, NE 68502	March 2000 - April 2001
811 Liberty St Bellingham, WA 98225	Sept. 1999 - Feb. 2000
Summit St. Seattle, WA	June 1998 - Aug. 1999

The undersigned applicant(s) hereby consent(s) to an investigation of his/her background investigation and release present and future records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation of any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock and spouses). Full (birth) names only, no initials.

Brisa Halton  
Signature of Applicant

[Signature]  
Signature of Spouse

[Signature]  
Signature of Applicant

[Signature]  
Signature of Spouse

[Signature]  
Signature of Applicant

[Signature]  
Signature of Spouse

[Signature]  
Signature of Applicant

[Signature]  
Signature of Spouse

[Signature]  
Signature of Applicant

[Signature]  
Signature of Spouse

State of Nebraska

County of Lancaster

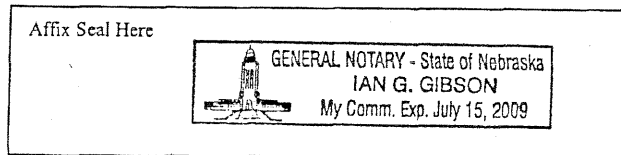
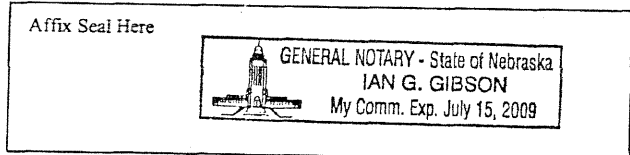
County of Lancaster

The foregoing instrument was acknowledged before me this May 23, 2005 by

The foregoing instrument was acknowledged before me this May 23, 2005 by

Brisa Halton & Luis Lora  
[Signature]  
Notary Public signature

John Halton & Willa Lora  
[Signature]  
Notary Public signature



in compliance with the ADA, this manager insert form 3c is available in other formats for persons with disabilities. A ten day advance period is required in writing to produce the alternate format.



APPLICATION FOR LIQUOR LICENSE  
CORPORATION  
INSERT - FORM 3a

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

Office Use

RECEIVED  
JUL 23 2008  
LIQUOR CONTROL COMMISSION

Officers, directors and stockholders holding over 25%, including spouses, are required to adhere to the following requirements

- 1) The president and stockholders holding over 25% and their spouse (if applicable) must submit their fingerprints (2 cards per person)
- 2) All officers, directors and stockholders holding over 25 % and their spouse (if applicable) must sign the signature page of the Application for License form (Even if a spousal affidavit has been submitted)

Attach copy of Articles of Incorporation (Articles must show barcode receipt by Secretary of States Office)

Name of Registered Agent: Luis Garay

Name of Corporation that will hold license as listed on the Articles

Hummerz Bar & Grill, Inc.

Corporation Address: 501 West A Street, Suite 103

City: Lincoln State: NE Zip Code: 68522

Corporation Phone Number: 402-890-3777 Fax Number: X

Total Number of Corporation Shares Issued: 1000

Name and notarized signature of president (Information of president must be listed on following page)

Last Name: Garay First Name: Luis MI: D

Home Address: 2416 T<sup>st</sup> City: Lincoln

State: NE Zip Code: 68503 Home Phone Number: 402-817-4857

Luis D. Garay

Signature of president

State of Nebraska

County of Lancaster

The foregoing instrument was acknowledged before me this

May 23, 2008

date

by

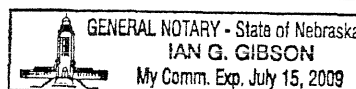
Luis Garay

name of person acknowledged

[Signature]

Notary Public signature

Affix Seal Here



List names of all officers, directors and stockholders including spouses (Even if a spousal affidavit has been submitted)

MAY 30 2005

Last Name: Garay First Name: Luis MI: D

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: President Number of Shares 250

Spouse Full Name (indicate N/A if single): Willa D. Garay

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Last Name: Haltom First Name: Brisa MI: C

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: Director Number of Shares 750

Spouse Full Name (indicate N/A if single): John Haltom

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Last Name: Garay First Name: Willa MI: D

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: Vice President Number of Shares 0

Spouse Full Name (indicate N/A if single): Luis Dominigua Garay

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: \_\_\_\_\_ Number of Shares \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Is the applying Corporation controlled by another Corporation?

☐ YES

☒ NO

If yes, provide the name of corporation and supply an organizational chart

---

Indicate the Corporation's tax year with the IRS (Example January through December)

Starting Date: Jan 1 Ending Date: Dec 31

---

Is this a Non-Profit Corporation?

☐ YES

☒ NO

If yes, provide the Federal ID #.

---

In compliance with the ADA, this corporation insert form 3a is available in other formats for persons with disabilities.  
A ten day advance period is requested in writing to produce the alternate format.

REVISED 5/2007

# **SPOUSAL AFFIDAVIT OF NON PARTICIPATION INSERT**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

Office Use

I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will not have any interest, directly or indirectly in the operation or profit of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices or represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. I understand my fingerprint will not be required; however, I am obligated to sign and disclose any information on all applications needed to process this application.

[Signature]  
Signature of spouse asking for waiver  
(Spouse of individual listed below)

John Haltom

Printed name of spouse asking for waiver

State of NebraskaCounty of Lancaster

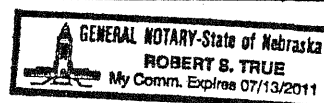
The foregoing instrument was acknowledged before me this

14th day of May, 2008by John Haltom

name of person acknowledged

[Signature] VP  
Notary Public signature

Affix Seal



I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.

[Signature]  
Signature of individual involved with application  
(Spouse of individual listed above)

Printed name of applying individual

State of NebraskaCounty of Lancaster

The foregoing instrument was acknowledged before me this

May 23, 2008

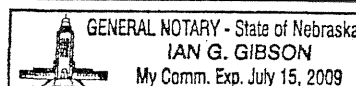
date

by Briana Haltom

name of person acknowledged

[Signature]  
Notary Public signature

Affix Seal



In compliance with the ADA, this spousal affidavit of non participation is available in other formats for persons with disabilities.  
A ten day advance period is requested in writing to produce the alternate format.

**MANAGER APPLICATION  
INSERT - FORM 3c**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

Office Use

RECEIVED  
43 30 508  
NEBRASKA LIQUOR  
CONTROL COMMISSION

Corporate manager, including their spouse, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 - 006)
- 3) Must provide a copy of their certified birth certificate or INS papers
- 4) Must submit their fingerprints (2 cards per person)
- 5) Must be 21 years of age or older
- 6) Applicant may be required to take a training course

**Corporation/LLC information**

Name of Corporation/LLC: Hummerz Bar & Grill, Inc.

**Premise information**

Premise License Number: \_\_\_\_\_

Premise Trade Name/DBA: 501 West A St LLC

Premise Street Address: 501 West A Street, Suite 103

City: Lincoln

State: NE

Zip Code: 68522

Premise Phone Number: 402-890-3777

The individual whose name is listed in the president or contact member category on either insert form 3a or 3b must sign their name below.



CORPORATE OFFICER SIGNATURE  
(Faxed signatures are acceptable)

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: ☒ MALE ☐ FEMALE

Last Name: Garay First Name: Luis MI: D

Home Address (include PO Box if applicable): 2416 T St

City: Lincoln State: NE Zip Code: 68503

Home Phone Number: 402-917-4857 Business Phone Number: 402-466-5226

Social Security Number: \_\_\_\_\_ Drivers License Number & State: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Place Of Birth: Lincoln, NE

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

☒ YES

☐ NO

Spouse's information

Spouses Last Name: Garay First Name: Willa  
MI: D

Social Security Number: \_\_\_\_\_ Drivers License Number & State: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Place Of Birth: Grant City, MO

APPLICANT AND SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST 10 YEARS

APPLICANT

SPOUSE

CITY & STATE	YEAR FROM TO	CITY & STATE	YEAR FROM TO
<u>see attachment</u>			

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
<u>2007 2008</u>	<u>Haltom Management</u>	<u>John Haltom</u>	<u>402-466-5226</u>
<u>2007 2007</u>	<u>20/20 Companies</u>	<u>Cane</u>	<u>817-490-0100</u>

Manager and spouse must review and answer the questions below  
PLEASE PRINT CLEARLY

1. READ PARAGRAPH CAREFULLY AND ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. **If more than one party, please list charges by each individual's name.**

☒ YES

☐ NO

If yes, please explain below or attach a separate page.

Willa Garay: tickated for traffic violation in Minneapolis, MN  
in Sept. 2006 (non-alcohol related)  
winter 2001 tickated for driving w/o insurance

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? **IF YES**, list the name of the premise.

☐ YES

☒ NO

3. Do you, as a manager, have all the qualifications required to hold a Nebraska Liquor License? Nebraska Liquor Control Act (§53-131.01)

☒ YES

☐ NO

4. Have you filed the required fingerprint cards and **PROPER FEES** with this application? (The check or money order must be made out to the **Nebraska State Patrol for \$38.00 per person**)

☒ YES

☐ NO

PERSONAL OATH AND CONSENT OF INVESTIGATION

MAY 30 2008

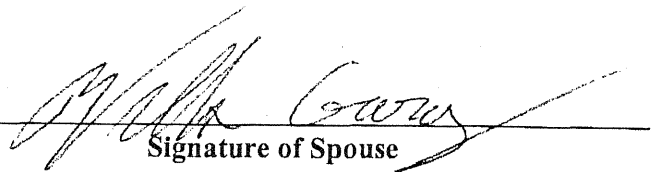
The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has NO interest directly or indirectly, a spousal affidavit of non participation may be attached.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.



Signature of Manager Applicant



Signature of Spouse

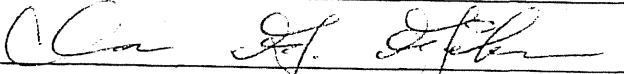
State of Nebraska

County of Lancaster

County of Lancaster

The foregoing instrument was acknowledged before me this May 23, 2008 by

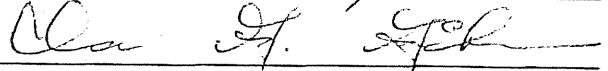
Luis Garay



Notary Public signature

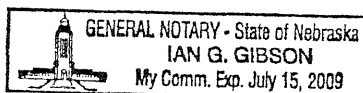
The foregoing instrument was acknowledged before me this May 23, 2008 by

Willa Coaray

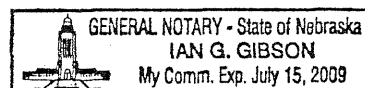


Notary Public signature

Affix Seal Here



Affix Seal Here





Principle Residences for the past 10 years (to go w/ manager app Form 3c)

Luis Garay	Year
2416 T street Lincoln, NE 68503	Feb. 2007 - current
1522 D Street Lincoln, NE 68502	Oct. 2005 – Jan 2007
1844 F Street Apt 11 Lincoln, NE 68504	Oct 2004 – Sept 2005
22 <sup>nd</sup> & Garfield Lincoln, NE	Apr 2004 – Sept 2004
Arapahoe & SW 12 <sup>th</sup> St. Lincoln, NE 68542	Mar 2003 – Mar 2004
18 <sup>th</sup> & G Lincoln, NE	Feb 2003 – Apr 2003
2388 Varsity Drive 33765	Mar 2003 – Nov 2002
4441 Ponca Ave, Toluca Lake, CA	Sept 2001 – Sept 2002
Greenhill Drive, Clearwater, FL	1998 - 2001

Willa Garay	Year
2416 T St, Lincoln, NE 68503	Feb. 2007 - current
1522 D Lincoln, NE 68502	Aug. 2006 - Jan. 2007
1435 D St. Apt. 10 Lincoln, NE 68502	Aug. 2005 - July 2006
1232 B St. Apt. 4 Lincoln, NE 68502	Aug. 2002 – July 2005
2108 Sandstone Rd Lincoln, NE 68512	May 2001 – Sept. 2002
1600 C St. Apt. 6 Lincoln, NE 68502	March 2000 – April 2001
811 Liberty St Bellingham, WA 98225	Sept. 1999 – Feb. 2000
Summit St. Seattle, WA	June 1998 – Aug. 1999

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF THE ORIGINAL RECORD EXEMPLE WITH THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM VITAL STATISTICS SECTION, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE

MAY 1 2001

LINCOLN, NEBRASKA

*Stanley R. Cooper*  
 STANLEY R. COOPER  
 ASSISTANT STATE REGISTRAR  
 HEALTH AND HUMAN SERVICES SYSTEM

STATE OF NEBRASKA - DEPARTMENT OF HEALTH  
 Bureau of Vital Statistics

70 09349

## CERTIFICATE OF LIVE BIRTH

CHILD - NAME Last First Middle Dominguez Garay		DATE OF BIRTH (MONTH, DAY, YEAR) 12-01-01	
SEX Male	MARRIAGE STATUS Single	COUNTY OF BIRTH Lancaster	
CITY, TOWNSHIP OR LOCATION OF BIRTH Lincoln		HOSPITAL - NAME Ryzen Memorial Hospital	IN HOME OF HOSPITAL, ONE STREET AND NUMBER
MOTHER - LAST NAME Marie Erlinda Sanchez	AGE (AT TIME OF THE BIRTH) 17	STATE OF BIRTH (OR NOT IN U.S.A.) NAME COUNTY Texas	
FATHER - LAST NAME Luis Antonio Garay	AGE (AT TIME OF THE BIRTH) 18	STATE OF BIRTH (OR NOT IN U.S.A.) NAME COUNTY Cuba	
CITY, TOWNSHIP OR LOCATION OF BIRTH Lincoln		STREET AND NUMBER 1030 G St. 68508	
CITY, TOWNSHIP OR LOCATION OF BIRTH Lincoln		STREET AND NUMBER 3145 O St. Lincoln Nebr	
SIGNATURE OF REGISTRAR F.E. McGinnis M.D.		DATE RECEIVED BY LOCAL AGENT MAY 31 2001	

MISSOURI DIVISION OF HEALTH DEPARTMENT OF SOCIAL SERVICES			
BIRTH CERTIFICATION			
DATE FILED	MARCH 17 1985	STATE FILE NUMBER	124-79-038594
CHILD NAME	WILLIAM AVEE BIRNEY	SEX	FEMALE
MOTHER MAIDEN NAME	SHARI L. BIRNEY	MOTHER AGE	20
FATHER NAME	ROBERT B. OLSON	FATHER AGE	25
THIS IS A TRUE CERTIFICATION OF NAME AND BIRTH FACTS RECORDED IN THIS OFFICE		MOTHER STATE OF BIRTH	NEBRASKA
		FATHER STATE OF BIRTH	NEBRASKA
		COUNTY OF BIRTH	WORTH
		<i>Richard H. Leind</i> Richard H. Leind State Registrar of Births and Deaths	
		MARCH 15 1985 DATE ISSUED	

